



| AMENDMENT TRANSMITTAL LETTER (Small Entity) | | | | Docket No. 110/02239 | |
|--|-------------------------------------|-------------------------------|---|-------------------------|--------------------------|
| Applicant(s): Oren GLOBERMAN, et al. | | | | | |
| Application No. 09/890,172 | Filing Date July 25, 2001 | Examiner PREBILIC, Paul B. | Customer No. 44909 | Group Art Unit 3738 | Confirmation No. 7714 |
| Invention: EXPANDABLE INTERVERTEBRAL SPACER | | | | | |
| COMMISSIONER FOR PATENTS: | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 134 - | 186 = | 0 | x \$25.00 | \$0.00 |
| INDEP. CLAIMS | 14 - | 17 = | 0 | x \$100.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |
| <input checked="" type="checkbox"/> No additional fee is required for amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ | | | | | |
| <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3419 | | | | | |
| <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. | | | | | |
| <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | |
| _____ <i>Signature</i> Maier Fenster, Reg. No. 41,016 William H. Dippert, Esq. Wolf, Block, Schorr & Solis-Cohen LLP 250 Park Avenue New York, NY 10177 Tel: 212-986-1116 | | | Dated: June 12, 2006 <div style="border: 1px solid black; padding: 5px;"><p>I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p style="text-align: center;">(Date)</p><p style="text-align: center;">_____ <i>Signature of Person Mailing Correspondence</i></p><p style="text-align: center;">_____ <i>Typed or Printed Name of Person Mailing Correspondence</i></p></div> | | |
| CC: | | | | | |

110/02239 A10

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Oren GLOBERMAN et al.
Serial Number: 09/890,172
Filed: July 25, 2001
For: EXPANDABLE INTERVERTEBRAL SPACER
Art Unit: 3738
Examiner: PREBILIC, Paul B.

Mail Stop RCE
Honorable Commissioner of Patents and Trademarks
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RCE

Sir:

In response to a final office action dated March 20, 2006, an interview summary dated April 26, 2006 and concurrently with a Request for Continued Examination, kindly amend the application as follows: